

**Amendment Transmittal & Petition for Extension  
of Time under 37 CFR 1.136(a)**

Docket Number

PENN0870US.NP

Address To  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**Title of Invention**

Bowman-birk Inhibitor Compositions for Treatment of Muscular Atrophy and Degenerative Muscle Disease

First Named Inventor	H. Lee Sweeney
Application No.	10/566,796
Filing Date	April 02, 2008
Examiner	Meller, Michael V.
Art Unit	1655

Transmitted herewith is an amendment in the above-identified application.

This is also a petition under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as shown below (check time period desired).

**Fee Calculation**

**Extension of Time Fee**

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))

**Claims as Amended**

For	#Filed	#Previously Paid For	#Extra	Rate	Fee
Total Claims	17	- 20 =		x 26 =	
Total Indep. Claims	4	- 4 =		x 110 =	
Multiple Dependent Claims (check if applicable)					<input type="checkbox"/>
Extension Fee (from above)					\$245
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.					<b>TOTAL</b>
					<b>\$245</b>

**Method of Payment**

Deposit Account  Credit Card  Check  Money Order  Other: \_\_\_\_\_

Deposit Account Number \_\_\_\_\_

**For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)**

- Charge the fee(s) set forth above
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- Charge fee(s) indicated above, **except for the filing fee**
- Credit any overpayments
- If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to the Deposit Account above.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

Amount Grand Total **\$245**

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**Correspondence Address**

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I hereby certify that this Amendment and Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

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I hereby certify that this Amendment and Petition for Extension of Time, accompanying documents, and fee authorization are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below:

*(Date of Transmission)*

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**Signature Instructions**

Select the name of the person who will electronically sign the Amendment and Petition for Extension of Time from the drop-down box below.

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

**Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.**

Signatory Drop-Down Box

Kathleen A. Tyrrell

Name	Kathleen A. Tyrrell		Registration Number	38,350
Signatory Capacity	Attorney for Applicant(s)		E-mail Address	ktyrrell@licataandtyrrell.com
eSign	/Kathleen A. Tyrrell/		Date Signed	03/08/2011